

AHS Integration Efforts Autism Planning for the Future

Meeting Minutes

Date: July 14, 2021

9:00-10:30

Location: Teams

Overall Goal of our work group: How do we use our collective resources to move autism services forward for children and their families in Vermont?

Present: Phillip Eller, Danielle Howes, Jamie Rainville, Danielle Brier, Melanie Hall, Matt Habedank, Hillary Hill, Alex Langevin, Brian Marrier, Mary-Graham McDowell, Sarah Stutz, Laurie Mulhern, Cheryle Wilcox, Molly Bumpas

Regrets: Valerie Wood, Diane Bugbee

Agenda Item	Discussion Notes	Next Steps
Welcome and Updates	<ul style="list-style-type: none"> • Danielle Brier: ABA payment reform – switch to retrospective model. Providers are happy with this change. • Melanie Hall –CSHN social worker – most staff now back in field after doing COVID work. • Danielle Howes – CIS, Part C administrator, shifting to Program Improvement Manager. Her job will be posted. • Jamie Rainville – VFN – Two funding opportunities for families: 1. Flutie funding : \$200 grant for families with ASD. Will prioritize families in Essex, Grand Isle, Lamoille, Orleans, and Windsor. Birth -22 are eligible. 2. Respite/medically necessary funding: families who are income eligible, \$600 grant. See VFN website for details. • Brian – AAI – services expanding into Chittenden County. • Mary Graham – Director of DS in Rutland, looking for providers. Downsized ABA program due to staffing. • Matt – Children’s Behavior Services director at NCSS. Staffing issues continue. • Phillip Eller – Vt Autism Task Force, on hiatus this summer, still update the website, recruiting new members for next year. • Sarah Stutz – Mosaic, staffing challenges • Cheryle Wilcox-DMH has a new Commissioner (Emily Hawes) and Deputy Commissioner (Alison Krompf) both of whom started last week in their roles. They both were working at DMH and come with great knowledge and experience. 	
Review strategic plan that we created right before COVID:	<p>Feedback from group members on priorities:</p> <ul style="list-style-type: none"> • Vermont Family Network: It is really hard to pick one priority as there are many. First would be increasing access to affordable diagnosis/evaluation clinics for children over 	Molly and Cheryle will put together the notes

<ul style="list-style-type: none"> • Are these still the right areas to focus on? <ul style="list-style-type: none"> ○ Added education based on discussion at last meeting. ○ Do we want to add workforce recruitment? • What would your number one priority be? • Can you spend time outside of meetings or do we need to plan for in-meeting work only? • Based on priorities we land on, what data will we need? 	<p>the age of 8. We get many calls from families of older children, adolescents and adults that have concerns for autism. The problem, is that many families cannot find an evaluation site that offers diagnosis evaluations that are covered by insurance and/or are within a reasonable traveling distance. A very close second is ensuring affordable, accessible age-appropriate services for all VT children with ASD, including 1:1 services as needed for young children in childcare settings. We know that many children are asked to leave childcare settings because they do not have the support they need to be successful. Special Accommodations Grant money runs out every year, as a result, families are forced to leave their jobs to care for children at home.</p> <ul style="list-style-type: none"> • Melanie Hall, VDH-CSHN: <ul style="list-style-type: none"> ○ Deliver Family-Centered Care <ul style="list-style-type: none"> ▪ Address needs of school age children with Autism needing home or community supports. Are we intervening at this time – families have clinical questions about behavior, home interactions, etc. • Kathy Workman, VDH-CSHN: <ul style="list-style-type: none"> ○ I think the issue of older adolescents/young adults is a very important issue but would advise building a subcommittee to define the scope/breadth of those efforts. ○ Secondly, the AOE is a critical partner (and has been for several years) and canvassing schools for data is a way to determine what services are and aren't available to children. I think the slope becomes steeper after EI ends, another shift when preschool ends and into the deep end when these kiddos leave elementary school at least in my experience working with families. Developing a relatively brief survey for special educators would be helpful in obtaining as much information as possible but not require a lot of time, would be essential. • Dr. Forbes, UVMMC: <ul style="list-style-type: none"> ○ The biggest concern in Vermont is access. Unfortunately, the concerns extend to almost every component of autism diagnosis and care, so the problem is large in scope. Limited access to basic services, limited access to evaluation, limited access to autism specific intervention, etc. 	<p>from today into a strategic plan to review at the next meeting.</p>
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- AOE: As for the focus, I don't know what the number one thing the group should focus on is, but my focus this year is going to be the Goal 1(B.5) "We want to partner with AOE so we can get a picture in Vermont of where we have things working well, are there areas where we have gaps." As well as Goal 1(B.6) "Could we use our Local Interagency Teams to coordinate this effort and they can connect with their local special educator who sits on their LIT." Specifically, our work with the I-Team as our statewide consulting provider for Low-Incidence disabilities.
- Dr. Valerie Wood: I think the number one priority the group should focus on is #3, delivering family-centered care. I think if the group thinks about how to move the system in this direction, the other two pieces would (eventually) fall into place. Some families have young children and need quicker access to testing/evaluation for ASD, others need more school support, others have older children or teens and are terrified about the service cliff. This last group is left wondering how they can help their child build a future for his or herself similar to what their neuro-typical peers will experience. If the system can be rebuilt to be flexible enough to meet families where they are at, then the needs of all children, youth, and teens with ASD will be met. That may sound idealistic to some, but we have to keep trying to get there.
- Matt Habedank – Re: family centered care: reach out to families and see what it is they are looking for. Spoke about 19 year old that has nowhere to go for support/intervention. System doesn't exist. This is a state-wide issue. Transition age kids – what is system of care for children and adults and how do they cooperate/communicate?
- Phillip – VT Autism TaskForce – can we increase collaboration and communication between VT ATF and DAAL? Connect children and adult service worlds to improve transition services.
- Alex Langevin, AOE – spoke re: transition age youth and challenges
- Jamie Rainville, VFN – need for resource list for the state. Will be training some staff on Lifesource program (transition). (Autism Research Collaborative has a resource list on their website <https://www.uvm.edu/cess/cdci/uvm-autism-collaborative-autism-resources>)
- Brian, AAI – Spoke of his experience in providing ABA services in Northern CA in a very rural area. A big step was

	<p>education to families about autism intervention from diagnosis onward. Then, how to bring ABA into school space. He met a lot of resistance. He is now finding some of the same resistance in NEK in VT. In CA, Medicaid paid for AAI to be in schools. In NEK, school contracts them for services. Cancellation rates impact ABA providers ability to pay staff. Also, in rural areas it is difficult to do after school services in the home. Can we work with school systems to do after school services in their spaces?</p> <ul style="list-style-type: none"> • Laurie Mulhern, parent- schools have high caseloads, need to talk about transition earlier. A child’s needs are fluid and each organization that parents work with is different. • Sarah Stutz, Mosaic School –Have huge desire to work collaboratively with outside providers. Collaboration and coordination of service providers is key to family centered care. How can we increase this collaboration amongst team providers? • Phillip, VT Autism Task Force – Possible coordinated effort for part-time service staff from related graduate programs? • Matt – Idea of quarterly education for families – What can you access? What can you expect? What can you ask providers? 	
<p>Wrap Up and Next Steps Next meeting, we will prioritize actions steps for priority areas</p>	<p>Next meeting is Friday, August 27th from 1:00-2:30</p>	